

THEATRE & ARTS

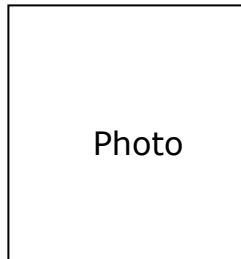
College for the Contemporary Actor

James Warwick, President

Application Form

Name: _____

Date: _____



Photo

For All Students

Check List:

- _____ Completed application form
- _____ Two (2) Letters of Recommendation
- _____ Typed description of your professional goals (500 words or less)
- _____ \$50.00 **Non-refundable** application fee

For INTERNATIONAL STUDENTS Only:

- _____ Financial Statement
- _____ Bank Statement dated within 3 months of this application
- _____ Copy of your valid passport (must government stamp & photo)

Send to:

Theatre of Arts
6755 Hollywood Blvd., 2nd Floor
Hollywood, CA 90028
Ph: (323) 463-2500
Fax: (323) 463-2645

Program Information:

Anticipated starting term:

*example: Spring 2011

- Spring (Jan-Apr) 20__
- Summer (May-Aug) 20__
- Fall (Sept-Dec) 20__

Submitting Application For: (Select one)

- Conservatory Program
- Short Term Classes
- ESL

Personal Information:

First Name Last Name MI

Social Security #: ____-____-____ Date of Birth: ____/____/____

Are you a citizen of the United States? Yes No

If no, Alien Resident/Passport Number: _____

Country of Birth: _____ Country of Citizenship: _____

Status: Visa Type (if any): _____ Expiration Date: ____/____/____

Other Names Used _____

*Local Address:

Street City State/Province Zip

(____)____-____ (____)____-____
Home Phone Cell/Message Phone

E-mail Address @ _____.

*Permanent Address (if different from local address. International Students must put in the address in your home country)

Street City State/Province Zip

Country

(____)____-____ (____)____-____
Home Phone Cell/Message Phone

Schools/Colleges/Universities/Programs you have attended:

Name Address Dates Attended

Name Address Dates Attended

Name Address Dates Attended

Name Address Dates Attended

How did you hear about Theatre of Arts?

- Internet
- Ads
- NACAC
- College Fair
- Thespian Festival
- Staff
- Alumni
- Current Student
- Other _____

Emergency Contacts:

1. _____
Name Relationship to Applicant Phone

Street City State/Province Zip

2. _____
Name Relationship to Applicant Phone

Street City State/Province Zip

OFFICE USE ONLY

Date Received: ____/____/____ Accepted? Yes No

Comments: _____

Staff Name: _____

Date: ____/____/____

FINANCIAL STATEMENT

(For International Students ONLY)

Theatre of Arts
6834 Hollywood Blvd., Suite 500., CA 90028 ~ Office: 323-463-2500 Fax: 323-463-2645

ESTIMATED EXPENSES FOR INTERNATIONAL STUDENTS

		<u>Per Year</u>	
1.	Tuition	\$19,800	
2.	Health Insurance	600	
3.	Books, videos, misc. supplies	400	
4.	Housing	<u>6,000</u>	(at \$500 per month)
	Total:	<u>\$26,800</u>	

International (F-1) students are required by law to be enrolled full-time (18 hrs/week) in order to maintain status.

*International students are required to purchase health insurance coverage.

**Theatre of Arts does not have housing facilities. There are many apartments available in the immediate vicinity of the school, ranging in cost from \$500 upwards per month, depending on the lifestyle and needs of the individual student.

CONFIDENTIAL FINANCIAL STATEMENT

1. _____ /____/____ Married { } Single{ }
Applicants Name Birth date

2. Financial Status (in U.S.\$). The amount of money you will have with you when you arrive in Los Angeles, or at the time this form is being completed: \$ _____
Additional Money you will receive each month: \$ _____
Total: \$ _____

3. Will this amount of money be available for you each year until you complete your educational objective? Yes { } No{ }

4. Will you be living free of charge with friends and relatives or financial sponsor? Yes { } No{ }
If yes, name and signature of person(s) providing free room and board must be included:

Name(s) Signature(s) Date

5. Name of person(s) or institution(s) supporting you if the money is not your own:

Name(s)/Institution(s) Relation to you Address/Phone Occupation

6. **CERTIFICATION:** That is to guarantee that I accept full responsibility for the payment of educational and living expenses for the above named student during his/her term of enrollment at Theatre of Arts, Hollywood, California.

Guarantor's Name Signature Address/Phone Relation to Student

A bank statement should accompany this form to document either Applicant's ability to cover his/her own expenses, or the Guarantor's ability to support the Applicant.

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that the above statements on this form are correct and true to the best of my knowledge.

Applicant's Signature

Date